

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/06/2018 16:40
Date Of Accident	17/06/2018 08:10
Exact Location Of Accident	NEW BRIDGE ROAD TOWARDS KAMPUNG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD428J
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	HENG BOON HEE THOMAS
NRIC No	S0091540H
Date Of Birth	20/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94571904
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 EVERTON PARK #06-29
Postcode	081001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180618/2027

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4912B
Vehicle Make/Model/Colour	COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HENG BOON HEE THOMAS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD428J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

New Bridge Road

Towards

Kampung Bahru Road

A

B

A = SH04285

B = SH04112B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180618/2027

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180618/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 10:44		Vide Report No.:		Station Diary No.: 28
Informant's Particulars				
Name of Informant: THOMAS HENG BOON HEE		Address: APT BLK 1 EVERTON PARK #06-29 SINGAPORE 081001		
ID Type / ID No.: NRIC NO / S0091540H		Contact No.: Home/Office: Mobile: 94571904		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 20/02/1954	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2018 08:10	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 NEW BRIDGE ROAD TOWARDS KAMPUNG BAHRU ROAD AT THE JUNCTION OF NEIL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHG428J X	TAXI	RENAULT	LATITUDE	Red	Slightly Damaged	3
SHG4912B X	TAXI	HYUNDAI	I40	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180618/2027

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180618/2027

CONTINUATION OF REPORT

Driver:			
Name	THOMAS HENG BOON HEE	ID No.	S0091540H
Related Vehicle	SHG428J (TAXI)	Contact No.	94571904
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 17/06/2018 AT ABOUT 8.10 AM, ALONG NEW BRIDGE ROAD WHILST DRIVING MY TAXI SHG428J IN THE CENTRE LANE SUDDENLY A TAXI SHG4912B FROM NEIL ROAD COLLIDED INTO MY LEFT SIDE AND IT THEN SIDE SWIPE MY TAXI. THE SAID SHG4912B DID NOT STOP AT THE GIVE WAY LINE. I AM HEADING TOWARDS KAMPUNG BAHRU ROAD. DUE TO THE COLLISION, MY TAXI SUSTAINED DENTS ON THE FRONT LEFT SIDE BUMPER AND THE OTHER TAXI SUSTAINED DENTS AND ABRASSION ON THE RIGHT SIDE DRIVER'S DOOR AND RIGHT REAR PASSENGER DOOR. I THEN FELT PAIN ON MY BACK OF MY NECK, LOWER BACK AND RIGHT HAND FEELING NUMB. I HAD SEEK MEDICAL TREATMENT FROM W Y TEH FAMILY CLINIC AND SURGERY AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE FROM 18/06/2018 TO 20/06/2018. I HAVE THREE PASSENGERS WITH ME AND THE OTHER TAXI WITH ONE PASSENGER. THE OTHER DRIVER WAS NOT INJURED. NO AMBULANCE NOR TRAFFIC POLICE WAS CALLED.



**SINGAPORE
POLICE FORCE**



T/20180618/2027

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180618/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
SI MOHAMAD NASRUN BIN ABDUL RASIAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/06/2018 10:44

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

 SINGAPORE
AUTHENTICATION
NP168

SIGNATURE



T/20180618/2049

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Report No. T/20180618/2049

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180618/2027
 Report Number T/20180618/2049
 Vide Report Number T/20180618/2027
 Date/Time of Report Made 18/06/2018 12:00
 Place Report Lodged Traffic Police Division HQ
 Type of Informant Driver
 Name of Informant Thomas Heng Boon Wee
 ID Type / ID No. NRIC NO / S0091540H
 Home/Office
 Mobile 94571904
 Email
 Type of Accident Injury / Others
 Drink Drive No
 Anyone conveyed by ambulance No
 Date/Time of Accident 17/06/2018 08:10

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD428J	Taxi	RENAULT	LATITUDE	Red	Slightly Damaged	3
SHD4912B	Taxi	HYUNDAI	I40	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180618/2049

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Report No. T/20180618/2049

Continuation of CSF For NP168

Driver			
Name	Thomas Heng Boon Wee	ID No.	S0091540H
Related Vehicle	NIL	Contact No.	94571904
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts.

On the 17/06/2018 at about 8.10am, along New Bridge Road whilst driving my taxi SHD428J in the center lane suddenly a taxi SHD4912B from Neil Road collided into my left side and it then side swipe my taxi. The said SHD4912B did not stop at the give way line. I am heading towards Kampung Bahru road. Due to the collision, my taxi sustained dents and abrasion on the right side driver's door and right rear passenger door. I then felt pain on my back of my neck, lower back and right hand feeling numb. I had seek medical treatment from W Y Teh Family Clinic and Surgery and was given 3 days of medical leave from 18/06/2018 to 20/06/2018. I have three passengers with me and the other taxi with one passenger. The other driver was not injured. No ambulance nor traffic police was called.



T/20180618/2049

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Report No. T/20180618/2049



Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

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Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / YEO GEAK ENG CECILIA
Classification of Case	1) INJURY / OTHERS

 SINGAPORE POLICE FORCE

SIGNATURE

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD428J
Vehicle to be Exported:	Yes
Intended De-registration Date:	18 Jun 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002987
Chassis No.:	VF1ABL15AUC283218
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	12 Apr 2017
First Registration Date:	12 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Apr 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	11 Apr 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,184.00
COE Rebate Amount:	\$32,147.00
Total Rebate Amount:	\$47,145.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 18 Jun 2018

OK